

ILLINOIS WIRELESS INFORMATION NETWORK - STATISTICAL REPORT REQUEST

Department Name: _____

Quarter you are requesting a statistical report for:

Quarter #1 (January -March) _____

Quarter #2 (April-June) _____

Quarter #3 (July-September) _____

Quarter #4 (October-December) _____

Type of report requested (LEADS Responses/Messages Sent/Both): _____

Person you want the report sent to: _____

Address: _____

E-mail Address: _____

Signature of
Director/Chief: _____ Date: _____

Name of Director/Chief: _____

Please return this form to:

CMS Communications Solution Center (CSC)

Attn: Provisioning

120 W. Jefferson, 2nd Floor

Springfield, Illinois 62702-5103

Fax: 217-524-5895 (for emergency orders only)

Please allow 10 business days to receive your report.

**For additional Information
contact the CSC**

at 1-800-366-8768

(in centrex @217-524-4784)